IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

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Full name and prison number OEBRAP HACKETT CLK of plaintiff(s) U.S. DISTRICT COURT MIDDLE DISTRICTVALACTION NO. 2.07-W-811-ME V. (To be supplied by Clerk of
J.C. GILES WARDEN (U.S. District Court)
PHS DR PEASEANT)
Name of person(s) who violated) your constitutional rights. (List the names of all the) persons.)
I. PREVIOUS LAWSUITS A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES () NO (**)
B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES () NO (**)
C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
1. Parties to this previous lawsuit:
Plaintiff(s)
Defendant(s)
2. Court (if federal court, name the district; if state court, name the county)

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IV.		DATE	UPON	WH	ICH	SAID	V.	IOĹ	VII0	N (OCCU	IRRE	D.	JUNE	Ε 2	007		· · · · · · · · · · · · · · · · · · ·
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STATE BRIEFLY THE Foest you can the ti	ACTS WHICH SUPPORT THIS GROUND. (State as me, place and manner and person involved.)
Plaintiff alleges that	the prison official and the Dr here in the facility
has repeatidly denied	the plaintiff request to have the rotator cup in
his artifical hip rep	laced after he broke the cup herein the institution
after he slipped gett	ing out of the shower. The plaintiff alleges that
the state is attemping for the necessary trt GROUND TWO: FOURT	to let his sentence end so that the state wont have eatment needed to replace the rotator cup and surgery EENTH AMENDMENT VIOLATION(EQUAL PROTECTION)
SUPPORTING FACTS:	Prison health care constantly denied the plaintiff
treatment that they ga	ve to other inmates by taking them to the free world
	oper diagnosis and the proper medical treatment
based upon the diagn	osis from the nurses and the Doctor at the facility
GROUND THREE:	
SUPPORTING FACTS:	
	1

ORDER THE STATE TO ALLOW THE SURGERY TO REPAIR AND OR REPLACE THE ROTATOR

CUP IN THE PETITIONER HIP AND ORDER THAT IT BE DONE IMMEDIATELY BECUASE

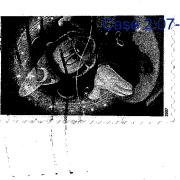
THE PETITIONER IS COMPLETELY IMMOBILE AND CANNOT WALK OR STAND WITHOUT

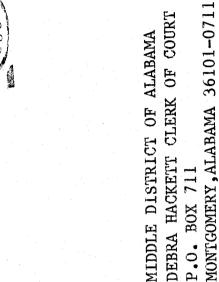
ASSISTANCE AND OR CRUTCHES THEREFORE ENDANGERING THE SAFETY OF PETITIONER.

I declare under penalty of perjury that the foregoing is true and correct.

AIS # 2/5/2 93 DORM # VENTRESS CORRECTIONAL FACILITY

Clayton, AL 36016 P. O. BOX 767





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